

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Tara Z Olliver
6750 Bramble Avenue
#17
Cincinnati, OH 45227

2. Article Number

(Transfer from service label)

7003 1680 0000 0330 4801

PS Form 3811, August 2001

02-421 (DEC 36) SSB

Domestic Return Receipt

102595-02-10-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature 7-3- ☐ Agent
☒ Addressee

B. Received by (Printed Name) 10111425C. Date of Delivery 2/24/04

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes